

- 5-4.35 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with hyperglycemia. (C-3)
- 5-4.36 Discuss the pathophysiology of nonketotic hyperosmolar coma. (C-1)
- 5-4.37 Recognize the signs and symptoms of the patient with nonketotic hyperosmolar coma. (C-1)
- 5-4.38 Describe the management of nonketotic hyperosmolar coma. (C-1)
- 5-4.39 Correlate abnormal findings in assessment with clinical significance in the patient with nonketotic hyperosmolar coma. (C-3)
- 5-4.40 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with nonketotic hyperosmolar coma. (C-3)
- 5-4.41 Discuss the management of the patient with hyperglycemia. (C-1)
- 5-4.42 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with hyperglycemia. (C-3)
- 5-4.43 Discuss the pathophysiology of diabetic ketoacidosis. (C-1)
- 5-4.44 Recognize the signs and symptoms of the patient with diabetic ketoacidosis. (C-1)
- 5-4.45 Describe the management of diabetic ketoacidosis. (C-1)
- 5-4.46 Correlate abnormal findings in assessment with clinical significance in the patient with diabetic ketoacidosis. (C-3)
- 5-4.47 Discuss the management of the patient with diabetic ketoacidosis. (C-1)
- 5-4.48 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with diabetic ketoacidosis. (C-3)
- 5-4.49 Discuss the pathophysiology of thyrotoxicosis. (C-1)
- 5-4.50 Recognize signs and symptoms of the patient with thyrotoxicosis. (C-1)
- 5-4.51 Describe the management of thyrotoxicosis. (C-1)
- 5-4.52 Correlate abnormal findings in assessment with clinical significance in the patient with thyrotoxicosis. (C-3)
- 5-4.53 Discuss the management of the patient with thyrotoxicosis. (C-1)
- 5-4.54 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with thyrotoxicosis. (C-3)
- 5-4.55 Discuss the pathophysiology of myxedema. (C-1)
- 5-4.56 Recognize signs and symptoms of the patient with myxedema. (C-1)
- 5-4.57 Describe the management of myxedema. (C-1)
- 5-4.58 Correlate abnormal findings in assessment with clinical significance in the patient with myxedema. (C-3)
- 5-4.59 Discuss the management of the patient with myxedema. (C-1)
- 5-4.60 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with myxedema. (C-3)
- 5-4.61 Discuss the pathophysiology of Cushing's syndrome. (C-1)
- 5-4.62 Recognize signs and symptoms of the patient with Cushing's syndrome. (C-1)
- 5-4.63 Describe the management of Cushing's syndrome. (C-1)
- 5-4.64 Correlate abnormal findings in assessment with clinical significance in the patient with Cushing's syndrome. (C-3)
- 5-4.65 Discuss the management of the patient with Cushing's syndrome. (C-1)
- 5-4.66 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with Cushing's syndrome. (C-3)
- 5-4.67 Discuss the pathophysiology of adrenal Insufficiency. (C-1)
- 5-4.68 Recognize signs and symptoms of the patient with adrenal insufficiency. (C-1)
- 5-4.69 Describe the management of adrenal insufficiency. (C-1)
- 5-4.70 Correlate abnormal findings in assessment with clinical significance in the patient with adrenal insufficiency. (C-3)
- 5-4.71 Discuss the management of the patient with adrenal insufficiency. (C-1)
- 5-4.72 Integrate the pathophysiological principles and the assessment findings to formulate a field impression

- and implement a treatment plan for the patient with adrenal insufficiency. (C-3)
- 5-4.73 Integrate the pathophysiological principles to the assessment of a patient with a endocrinological emergency. (C-3)
- 5-4.74 Differentiate between endocrine emergencies based on assessment and history. (C-3)
- 5-4.75 Correlate abnormal findings in the assessment with clinical significance in the patient with endocrinologic emergencies. (C-3)
- 5-4.76 Develop a patient management plan based on field impression in the patient with an endocrinologic emergency. (C-3)

AFFECTIVE OBJECTIVES

None identified for this unit.

PSYCHOMOTOR OBJECTIVES

None identified for this unit.

- IV. Corticosteroid excess - Cushing's syndrome
 - A. Epidemiology
 - 1. Incidence
 - 2. Mortality/ morbidity
 - 3. Risk factors
 - 4. Prevention strategies
 - B. Pathophysiology
 - 1. A spectrum of clinical abnormalities caused by an excess of corticosteroids, especially glucocorticoids
 - 2. Causes
 - a. Corticotropin secreting pituitary tumor
 - b. Cortical secreting neoplasm within the adrenal cortex
 - c. Excess secretion of corticotropin by a malignant growth outside the adrenal
 - d. Prolongs administration of high dose corticosteroids
 - C. Assessment
 - 1. History
 - 2. Signs and symptoms
 - a. Thinning hair
 - b. Acnes
 - c. Hump on back of neck (buffalo hump)
 - d. Supraclavicular fat pad
 - e. Thin extremities
 - f. Ecchymosis
 - g. Slow healing
 - h. Pendulous abdomen
 - i. Weight gain
 - j. Increased body and facial hair
 - D. Management
 - 1. Airway and ventilation
 - 2. Circulation
 - 3. Pharmacological interventions
 - 4. Non-pharmacological interventions
 - 5. Transport consideration
 - a. Appropriate mode
 - b. Appropriate facility
 - 6. Psychological support/ communication strategies
- V. Adrenal insufficiency - Addison's disease
 - A. Epidemiology
 - 1. Incidence
 - 2. Mortality/ morbidity
 - 3. Risk factors
 - 4. Prevention strategies
 - B. Pathophysiology
 - 1. Adrenal insufficiency
 - a. Adrenal steroids are reduced
 - (1) Glucocorticoids
 - (2) Mineralocorticoids
 - (3) Androgens
 - 2. Most common cause is idiopathic atrophy of adrenal tissue

3. Less common causes include hemorrhage, infarctions, fungal infections and acquired immune deficiency disease

C. Assessment

1. History
2. Signs and symptoms
 - a. Progressive weakness
 - b. Progressive weight loss
 - c. Progressive anorexia
 - d. Skin hyperpigmentation
 - (1) Areas exposed to the sun
 - (2) Areas exposed to pressure points
 - (3) Joints and creases
 - e. Hypotension
 - f. Hyponatremia
 - g. Hyperkalemia
 - h. Nausea
 - i. Vomiting
 - j. Diarrhea

D. Management

1. Airway and ventilation
2. Circulation
3. Pharmacological interventions
4. Non-pharmacological interventions
5. Transport consideration
 - a. Appropriate mode
 - b. Appropriate facility
6. Psychological support/ communication strategies

VI. Integration